

# MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-033229

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 3 1961

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

INDEPENDENCE

Length of stay in 1b

47 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

INDEP. SAN. & HOSP.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

admission)

c. CITY

OR TOWN

SUGAR CREEK

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

128 SOUTH HIGH

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

FRED

Middle

L.

Last

EVINGER

4. DATE OF DEATH

Month

SEPTEMBER

Day

25,

Year

1961

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-2-1883

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Carpenter

## 10b. KIND OF BUSINESS OR INDUSTRY

Standard Oil Co.

## 11. BIRTHPLACE (City and state or country)

Johnson Co., Kansas

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

GEORGE W. EVINGER

## 13b. MOTHER'S MAIDEN NAME

DORA SHREVE

## 14. NAME OF HUSBAND OR WIFE

BLANCHE N. EVINGER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

(If yes, give war or dates of service) NO

## 17. INFORMANT

Address

Blanche N. Evinger, 128 So. High, Sugar Crk

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

Multiple Pulmonary Emboli  
Traumatic Aortic Rupture  
Chronic Degenerative Prostate Gland

## INTERVAL BETWEEN ONSET AND DEATH

1 week

1 week

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.

Generalized Atherosclerosis of Arteries Hypertension

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20d. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

## 20e. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

## 20f. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20h. CITY, TOWN, OR LOCATION

## 20i. COUNTY

## 20j. STATE

21. I attended the deceased from Sept 11, '61 to Sept 25, '61 and last saw him alive on 25 Sept

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

9-28-1961

## 23c. NAME OF CEMETERY OR CREMATORY

PLEASANT VALLEY CEMETERY

## 23d. LOCATION (City, town, or county)

STANLEY, KANSAS

## 24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

## 25. DATE RECD. BY LOCAL REG.

9-28-61

## 26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 3 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Ernest Peterson*

Licensed Embalmer No. 4697

P. O. Address *Indy Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.